

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/830748	FILING DATE
APPLICANT(S)		

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14		1				
15			1			
16						
17						
18						
19		1				
20			1			
21						
22						
23	1					
24						
25						
26						
27		1				
28						
29						
30						
31		1				
32			1			
33						
34	1					
35	1					
36		5		1		
37		5		1		
38		5		1		
39		5		1		
40		5		1		
41		5		1		
42		5		1		
43		5		1		
44		5		1		
45		5		1		
46		5		1		
47		1		1		
48						
49						
50						
TOTAL IND.		5		1		
TOTAL DEP.		42				
TOTAL CLAIMS		47				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831